

AF/3728/B

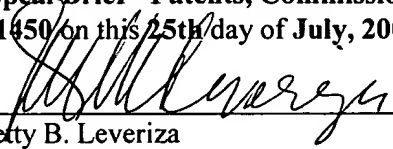
PATENT  
Attorney Docket No. ADI-005  
(257/10)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPELLANT: Gebhard  
SERIAL NO.: 09/328,749 GROUP NO.: 3728  
FILING DATE: June 9, 1999 EXAMINER: Anthony D. Stashick  
TITLE: TORSION SYSTEM FOR AN ARTICLE OF FOOTWEAR

**CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8**

I hereby certify that this correspondence, and any documents referred to as enclosed herein, are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to Mail Stop Appeal Brief - Patents, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 25th day of July, 2003.

  
Betty B. Leveriza

Mail Stop Appeal Brief - Patents  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir/Madam:

Submitted are the following:

- 1) Transmittal Form (1 pg.);
- 2) Fee Transmittal (1 pg.);
- 3) Notice of Appeal from the Examiner to the Board of Patent Appeals and Interferences (1 pg.);
- 4) Brief on Appeal under 37 C.F. R. § 1.192 (49 pgs.) with Exhibit A (3 pgs.) in triplicate;
- 5) Petition for Extension of Time under 37 CFR 1.136(a) (1 pg.);
- 6) check for \$320.00 for filing fee;
- 7) check for \$110.00 for one-month extension;
- 8) duplicate copy of fee authorization (1 pg.); and
- 9) a return receipt postcard.

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# TRANSMITTAL FORM

|                             |                     |
|-----------------------------|---------------------|
| Application Serial Number   | 09/328,749          |
| Filing Date                 | 9-Jun-99            |
| First Named Inventor        | GEBHARD             |
| Group Art Unit              | 3728                |
| Examiner Name               | Anthony D. Stashick |
| Attorney Docket No.         | ADI-005             |
| BATCH NO. (after allowance) | N/A                 |
| Patent No.                  | N/A                 |
| Issue Date                  | N/A                 |

**ENCLOSURES** (check all that apply)

|   |  |   |
|---|--|---|
| <input checked="" type="checkbox"/> <b>Fee Transmittal Form</b><br><input checked="" type="checkbox"/> Check Attached<br><input type="checkbox"/> Copy of Fee Transmittal Form<br><input type="checkbox"/> <b>Amendment/Response</b><br><input type="checkbox"/> Preliminary<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____]<br><input checked="" type="checkbox"/> <b>Petition for Extension of Time</b><br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Form PTO-1449<br><input type="checkbox"/> Copies of IDS Citations<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Sequence Listing submission<br><input type="checkbox"/> Paper Copy/CD<br><input type="checkbox"/> Computer Readable Copy<br><input type="checkbox"/> Statement verifying identity of above | <input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553)<br><input type="checkbox"/> Formal Drawing(s)<br><input type="checkbox"/> Request For Continued Examination (RCE) Transmittal<br><input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application<br><input type="checkbox"/> Small Entity Statement<br><input type="checkbox"/> CD(s) for large table or computer program<br><input type="checkbox"/> Amendment After Allowance<br><input type="checkbox"/> Request for Certificate of Correction<br><input type="checkbox"/> Certificate of Correction (in duplicate) | <input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences<br><input checked="" type="checkbox"/> <b>Appeal Brief (in triplicate)</b><br><input type="checkbox"/> Status Inquiry<br><input checked="" type="checkbox"/> <b>Return Receipt Postcard</b><br><input checked="" type="checkbox"/> <b>Certificate of First Class Mailing under 37 C.F.R. 1.8</b><br><input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8<br><div style="text-align: right;"> <p><b>RECEIVED</b></p> <p><b>JUL 31 2003</b></p> <p>TECHNOLOGY CENTER #370</p> </div> |
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**CORRESPONDENCE ADDRESS**

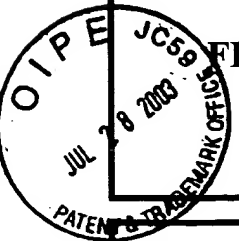
Direct all correspondence to: Patent Administrator  
Testa, Hurwitz & Thibault, LLP  
High Street Tower  
125 High Street  
Boston, MA 02110  
Tel. No.: (617) 248-7000  
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### SIGNATURE BLOCK

Respectfully submitted,

Date: July 25, 2003  
Reg. No. 44,691  
Tel. No.: (617) 310-8085  
Fax No.: (617) 790-0332  
Email: gaff@tth.com

  
 Brian M. Gaff, Esq.  
 Attorney for Appellant  
 Testa, Hurwitz & Thibault, LLP  
 High Street Tower  
 125 High Street  
 Boston, MA 02110



# FEE TRANSMITTAL FY 2003

*Complete if Known*

|                           |                     |
|---------------------------|---------------------|
| Application Serial Number | 09/328,749          |
| Filing Date               | 9-Jun-99            |
| First Named Inventor      | GEBHARD             |
| Group Art Unit            | 3728                |
| Examiner Name             | Anthony D. Stashick |
| Attorney Docket No.       | ADI-005             |

**METHOD OF PAYMENT**

1. ☒ **Payment Enclosed:**  
☒ Check ☐ Money Order ☐ Other
2. ☒ **The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 20-0531.**  
☐ Required Fees (copy of this sheet enclosed).  
☒ **Additional fee required under 37 CFR 1.16 and 1.17.**  
☒ **Overpayment Credit.**
3. ☐ Applicant claims small entity status.

**FEE CALCULATION****1. FILING FEE****Large Entity**

| Fee (\$) | Fee Description        | Fee Paid |
|----------|------------------------|----------|
| 740      | Utility filing fee     |          |
| 330      | Design filing fee      |          |
| 160      | Provisional filing fee |          |

| Number Filed | Number Extra | Rate | Amount |
|--------------|--------------|------|--------|
|--------------|--------------|------|--------|

Total Claims - 20 = x \$ 18.00 =

Independent Claims - 3 = x \$ 84.00 =

☐ Multiple Dependent Claim(s), if any \$280.00 =

TOTAL:

SMALL ENTITY DISCOUNT:

SUBTOTAL (1) (\$ ) 0.00

**2. AMENDMENT CLAIM FEES**

| Claims Remaining After Amend.                                      | Highest No. Previously Paid For | Present Extra | Rate         | Fee Paid |
|--|---------------------------------|---------------|--------------|----------|
| Total  | -                               | =             | x \$ 18.00 = |          |
| Indep.   | -                               | =             | x \$ 84.00 = |          |
| <input type="checkbox"/> First Presentation of Multiple Dep. Claim |                                 |               | + \$280.00 = |          |

TOTAL:

SMALL ENTITY DISCOUNT:

SUBTOTAL (2) (\$ ) 0.00

**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

| Large Entity Fee (\$) | Small Entity Fee (\$) | Fee Description  | Fee Paid |
|-----------------------|-----------------------|--|----------|
| 130                   | 65                    | Surcharge - late filing fee or oath                            |          |
| 50                    | 25                    | Surcharge - late provisional filing fee or cover sheet         |          |
| 130                   | 130                   | Non-English specification                                      |          |
| 2,520                 | 2,520                 | Request for ex parte reexamination                             |          |
| 110                   | 55                    | Extension for reply within first month                         | 110.00   |
| 400                   | 200                   | Extension for reply within second month                        |          |
| 920                   | 460                   | Extension for reply within third month                         |          |
| 1440                  | 720                   | Extension for reply within fourth month                        |          |
| 1960                  | 980                   | Extension for reply within fifth month                         |          |
| 320                   | 160                   | Notice of Appeal   |          |
| 320                   | 160                   | Filing a brief in support of an appeal                         | 320.00   |
| 280                   | 140                   | Request for oral hearing                                       |          |
| 130                   | 130                   | Petitions to the Commissioner                                  |          |
| 180                   | 180                   | Submission of Information Disclosure Statement                 |          |
| 740                   | 370                   | Filing a submission after final rejection (37 CFR 1.129(a))    |          |
| 740                   | 370                   | For each additional invention to be examined (37 CFR 1.129(b)) |          |
| 100                   | 100                   | Certificate of Correction for applicant's error                |          |

Other fee (Specify)

Other fee (Specify)

SUBTOTAL (3) (\$ ) 430.00

SUBTOTAL (1) 0.00

SUBTOTAL (2) 0.00

SUBTOTAL (3) 430.00

TOTAL (\$ ) 110.00

**CORRESPONDENCE ADDRESS**

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High Street Tower-125 High Street  
Boston, MA 02110  
Tel. No.: (617) 248-7000  
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